

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/596824

FILING DATE

APPLICANT(S)

CLAIMS

(1)	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		2		1		
23		2		1		
24		1		1		
25		1		1		
26	1		1			
27		1		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32	1		1			
33		1		1		
34		2		1		
35		2		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	6	↓	6	↓	0	↓
TOTAL DEP.	55	←	44	←	0	←
TOTAL CLAIMS	61	[]	50	[]	0	[]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60	1					
61	1					
62	1					
63	1					
64	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5	↓	0	↓	0	↓
TOTAL DEP.	9	←	9	←	0	←
TOTAL CLAIMS	14	[]	9	[]	0	[]